

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2011-12 Fiscal Year.

- ◆ Reports must be returned by **February 28, 2013**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2011-12 fiscal year deposits made July 2011 through July 2012 for Vehicle License Fees, and August 2011 through July 2012 for Sales Tax, and October 2012 for Sales Tax Growth.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17601
In the columns titled "1st – 4th Quarters", and "July and August 2012" enter the total amounts deposited September 27, 2011 through June 27, 2012, which includes the August 26, 2011 Vehicle License Fees Mental Health Annual Base per Assembly Bill 118 and July and August 2012, respectively.
 - b. Less: State Hospital Offset
W & I Code Sec. 17601
In the column titled "1st – 4th Quarters," enter the State Hospital Service contract offset amounts from September 27, 2011, through June 27, 2012. In the column titled "July and August 2012," enter the total of State Hospital Service contract offset amounts for July 2012.
Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Less: Managed Care Offset
In the column titled "1st – 4th Quarters," enter the total of Managed Care Program offset amounts from September 27, 2011, through June 27, 2012. In the column titled "July and August 2012," enter the total of Managed Care Program offset amounts for July 2012.
 - d. Less: State Hospital Adjustment
In the column titled "1st – 4th Quarters", enter the total of State Hospital Adjustments from September 27, 2011, through June 27, 2012. In the column titled "July and August 2012," enter the total of State Hospital Adjustments for July 2012. Include State Hospital adjustments, revisions, Schedule B adjustment amounts, and Excess Use offsets.
 - e. Total Sales Tax Revenue
Enter the total of lines 1a less 1b, 1c, and 1d.
2. County/City Matching Funds
 - a. Mental Health Match
W & I Code Sec. 17608.05
In the columns titled "1st – 4th Quarters", and "July and August 2012," enter the Matching funds deposited from July 1, 2011 through June 27, 2012, and July and August 2012, respectively. These amounts are based on the schedule developed by the State Department of Mental Health.
 - b. Vehicle License Fees
W & I Code Sec. 17608.10(b)
There is no vehicle license fee match to report.
 - c. Vehicle License Collection
Fees
W & I Code Sec. 17608.10(b)
In the column titled "1st – 4th Quarters," enter the total of amounts deposited in January 2012.
 - d. Total Matching Funds
Enter the total of lines 2a, 2b, and 2c.
3. Other (identify)
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited
Enter the total of lines 1e, 2d, and 3.

Disbursements

- | | |
|---------------------------------|---|
| 5. Transfers to Operating Funds | Enter the total amounts transferred to other funds for spending purposes. |
| 6. Other (identify) | Enter and identify any other disbursements made during the first quarter. |
| 7. Total Funds Disbursed | Enter the total of lines 5 and 6. |

Transfers

- | | |
|---|---|
| 8. Transfers In (Out) to Other
Trust Funds
W & I Code Sec. 17600.20 | Enter the transfers In (Out) between trust fund accounts. |
|---|---|

For the County/City of _____

Questions concerning the preparation of this report should be directed to _____

Telephone No. (____)_____

As Mental Health Director for the County/City of _____, I certify that the amounts stated on this report are true, accurate, and complete.

Mental Health Director

() _____
Telephone No.

Date

As Auditor-Controller for the County/City of _____, I concur with the Mental Health Director that the amounts stated on this report are true, accurate, and complete.

Auditor-Controller

(_____)_____
Telephone No.

Date

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2011-12 Fiscal Year.

- ◆ Reports must be returned by **February 28, 2013**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2011-12 fiscal year deposits made July 2011 through July 2012 for Vehicle License Fees, and August 2011 through July 2012 for Sales Tax, and October 2012 for Sales Tax Growth.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17603
In the columns titled "1st – 4th Quarters", and "July and August 2012" enter the total amounts deposited September 27, 2011 through June 27, 2012, and July 2012.
 - b. Less: CMSP Offset
W & I Code Sec. 17603.05
In the column titled "1st – 4th Quarters", enter the total amount of the County Medical Service Program (CMSP) offsets from September 27, 2011, through June 27, 2012.
 - c. Total Sales Tax Revenue
Enter the total of lines 1a, less 1b.
2. County/City Matching Funds
 - a. Health Match
W & I Code Sec. 17608.10(a)
In the columns titled "1st – 4th Quarters", and "July and August 2012," enter the Matching funds deposited from September 27, 2011 through June 27, 2012, and July and August 2012, respectively. These amounts are based on the schedule shown in W & I Code Sec. 17608.10.
 - b. Vehicle License Fee
W & I Code Sec. 17608.10(b)
 - i. Allocation
W & I Code Sec. 17604
In the column titled "1st – 4th Quarters", enter the total of amounts deposited August 26, 2011, through June 27, 2012. In the column titled "July and August 2012" enter the amounts deposited July 2012.
 - ii. Less: CMSP Offset
W & I Code Sec. 17604.05
In column titled "1st – 4th Quarters", enter the total amount of the CMSP offsets from September 27, 2011, through June 27, 2012.
 - c. Total Matching Funds
Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify)
Enter and identify all miscellaneous deposits.
4. Total Funds Deposited
Enter the total of lines 1c, 2c, and 3.

Disbursements

5. Transfers to Operating Funds
Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments
Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify)
Enter and identify any other disbursements made during the first quarter.
8. Total Funds Disbursed
Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600.20
Enter the transfers In (Out) between trust fund accounts.

Office of the State Controller of California
Division of Accounting and Reporting

For the County/City of _____

Deposits	1st - 4th Quarters	July and August 2012	2011-12 Annual Total
1. Sales Tax			
a. Allocation			
b. Less: CMSP Offset			
c. Total Sales Tax Revenue			
2. County/City Matching Funds			
a. Health Match			
b. Vehicle License Fee			
i. Allocation			
ii. Less: CMSP Offset			
c. Total Matching Funds			
3. Other (identify)			
4. Total Funds Deposited			
DISBURSEMENTS			
5. Transfers to Operating Funds			
6. CMSP Payments			
7. Other (identify)			
8. Total Funds Disbursed			
TRANSFERS			
9. Transfers in (out) to Other Trust Funds			

Questions concerning the preparation of this report should be directed to _____

Telephone No. (____)_____

Certification:

As Health Director for the County/City of _____, I certify that the amounts stated on this report are true, accurate, and complete.

Health Director

As Auditor-Controller for the County/City of _____, I concur with the Health Director that the amounts stated on this report are true, accurate, and complete.

Auditor-Controller

Date _____

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2011-12 Fiscal Year.

- ◆ Reports must be returned by **February 28, 2013**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ◆ Report 2011-12 fiscal year deposits made July 2011 through July 2012 for Vehicle License Fees, and August 2011 through July 2012 for Sales Tax, and October 2012 for Sales Tax Growth.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17602
In the columns titled "1st – 4th Quarters", and "July and August 2012" enter the total amounts deposited September 27, 2011 through June 27, 2012 and July 2012.
 - b. Stabilization
W & I Code Sec. 17602(b)(1)
In the column titled "1st - 4th Qtr," enter the amount allocated November 23, 2011.
 - c. Caseload Growth
W & I Code Sec. 17605 to 17605.10
In the column titled "Growth", enter the Caseload Growth payment allocated October 18, 2012.
 - d. Total Sales Tax Revenue
Enter the total of lines 1a through 1c.
2. Vehicle License Fees
 - a. Vehicle License Fees
Annual Base
W & I Code Sec. 17604
In the columns titled "1st – 4th Quarters", and "July and August 2012" enter the total amounts deposited August 26, 2011 through June 27, 2012 and July 2012.
3. CalWORKs Maintenance of Effort
 - a. Allocation
W & I Code Sec. 17601.20(a)
In the columns titled "1st – 4th Quarters", and "July and August 2012" enter the total amounts deposited September 27, 2011 through June 27, 2012 and July 2012.
4. Other (identify)
Enter and identify all miscellaneous deposits.
5. Total Funds Deposited
Enter the total of lines 1d, 2a, 3a and 4.

Disbursements

6. Transfers to Operating Funds
Enter the total amounts transferred to other funds for spending purposes.
7. Other (identify)
Enter and identify any other disbursements made during the first quarter.
8. Total Funds Disbursed
Enter the total of lines 6 and 7.

Transfers

9. Transfers In (Out) to Other Trust Funds
W & I Code Sec. 17600.20
Enter the Transfers In (Out) between trust fund accounts.

For the County of _____

DEPOSITS	1st - 4th Quarters	July 2012	Growth	2011-12 Annual Total
1. Sales Tax				
a. Allocation				
b. Stabilization				
c. Caseload Growth				
d. Total Sales Tax Revenue				
2. Vehicle License Fees				
a. Vehicle License Fees Annual Base				
3. CalWORKs Maintenance of Effort				
a. Allocation				
4. Other (identify)				
5. Total Funds Deposited				
DISBURSEMENTS				
6. Transfers to Operating Funds				
7. Other (identify)				
8. Total Funds Disbursed				
TRANSFERS				
9. Transfers In (Out) to Other Trust Funds				

Questions concerning the preparation of this report should be directed to _____

Telephone No. () _____

Certification:

As Social Services Director for the County of _____, I certify that the amounts stated on this report are true, accurate, and complete.

Social Services Director

() _____
Telephone No.

Date

As Auditor-Controller for the County of _____, I concur with the Social Services Director that the amounts stated on this report are true, accurate, and complete.

Auditor-Controller

() _____
Telephone No.

Date